

Care Plus More Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care Plus More Limited is a supported living service providing personal care to people with mental health needs and /or learning disabilities. The service can support up to four people and at the time of the inspection, four people were living in the service. People had tenancies for their own individual en-suite bedrooms. There were also communal areas in the building that included a garden, lounge, kitchen and laundry facilities. The service was staffed 24 hours a day, seven days a week

Only one person who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support provided them with opportunities for them to gain new skills and become more independent.

People's experience of using this service and what we found

During the inspection we found care plans and risk assessments were not always up to date with relevant information, which meant the person may not have been receiving the support they required. The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. However these were not always effective.

Safe recruitment procedures were in generally in place to ensure staff were suitable to work with people using the service, but the provider did not use application forms to help ensure continuity of information.

Staff knew how to respond to possible safeguarding concerns. Medicines were administered safely. Staff followed appropriate infection control practices to help prevent cross infection.

Staff were supported to provide effective care through induction, training and supervision. People's needs were assessed to ensure these could be met. People were supported to maintain health and access

healthcare services appropriately. People were also supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were respectful of people's wishes and preferences and provided support in a respectful manner. Staff and relatives reported the registered manager was approachable and promoted an open work environment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 08 December 2017 but was dormant until June 2019. This is the first inspection.

Why we inspected

This was the service's first inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care Plus More Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority who works with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with one person using the service, one support worker, the deputy manager and the registered manager. We reviewed a range of records. This included one person's care and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one support worker and had email communication from one relative and a health care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify and manage risks to people using the service. These included accessing the community, behaviour that challenges, medicines, COVID-19 and working in the kitchen. However, we found that not all the risks identified in the care plan, for example, self harm, had risk mitigation plans.
- The COVID-19 risk assessment dated 2 October 2020, provided general information for staff on how to mitigate risk, for example the use of correct PPE. However, the provider did not carry out individual risk assessments on what impact the virus may have on staff in relation to specific indicators such as health or staff's ethnicity.

We found no evidence that people had been harmed. However, systems were not always used effectively to assess the risks relating to the health, safety and welfare of people which placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded and said they would review and update the risk assessments where required and the care plan.

- Where risk assessments were in place, there was a risk level rating and guidelines for what measures needed to be taken to reduce the risk.
- The provider had checks in place to ensure the environment was safe and well maintained. These included fire equipment checks, monthly fire drills, and a personal emergency evacuation plan (PEEP) for each person. Cleaning checks were also undertaken.

Preventing and controlling infection

- The provider had a COVID-19 risk assessment for people using the service but not for staff. There was a general risk assessment that included information for staff, and the registered manager advised that there were no staff members with underlying health risks. The provider had also bought new policies and procedures for an external organisation and these included staff risk assessments. The provider was not yet in receipt of the new paperwork, so had not yet completed the new assessments.
- The provider had an infection control policy and procedure in place to help protect people from the risk of infection. Staff had attended training on infection control.

- To address the risk of COVID-19 the provider had additional policies in place including policies around infection control, COVID-19 and a policy relating to pandemics.
- There were signs for hand hygiene and other infection control procedures around the service.
- People's bedrooms and toilet's had individual daily cleaning schedules which were signed off daily by staff.
- Staff had a daily shift planner that recorded areas cleaned three times a day. This included touch points in the home. Staff confirmed they completed enhanced cleaning daily.
- The provider had a general risk assessment for COVID-19 that included the use of personal protective equipment (PPE) and staff had attended appropriate training. We saw staff wearing PPE appropriately.
- The provider had a folder they put updated infection control and COVID-19 policies in. Staff were required look at the folder regularly and to sign that they had read the policies.
- Visitors to the service made appointments in advance, had to complete a visitor's log and were asked about any COVID-19 symptoms prior to coming into the home. A relative confirmed this was their experience of going to the home.

Staffing and recruitment

- Safe recruitment procedures were in place and implemented to help ensure only suitable staff were employed to support people using the service. However, the provider asked people for curriculum vitae instead of application forms. The registered manager said in future they would use application forms to ensure information was consistent across staff files and included all the information required for safe recruitment.
- After being recruited, staff completed an induction and ongoing training, so they had the required knowledge and skill to care for people.
- There was enough staff deployed to meet the needs of the people who used the service.

Using medicines safely

- There were procedures for the safe handling of medicines. The provider had medicines risk assessments for people and guidance on the use of PRN, as required, medicines signed by the GP.
- Medicines training and competency testing were undertaken as part of staff inductions. As there had been no staff member working at the service longer than a year, there was not yet any annual competency tests. However, the registered manager advised these would be completed annually to help ensure staff had the skills required to administer medicines safely.
- We looked at the medicines administration records (MAR) and saw these were completed correctly. There was also a separate daily audit to reconcile the medicines stock with the MAR which indicated people were receiving their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People indicated they felt safe living in the service. A relative said, "I feel my [relative] is safe there. [They are] always happy to return after [they] visit home. We gauge this on [their] mood."
- The provider had policies and procedures regarding safeguarding adults. Staff had appropriate training and knew how to raise any safeguarding alerts and demonstrated their knowledge as part of their conversation with us.
- The provider had not had any recent safeguarding alerts, but was aware of how to record and raise safeguarding concerns appropriately with the local authority and CQC

Learning lessons when things go wrong

- The provider had a policy for responding to accidents and incidents. These were recorded and logged appropriately with a description, the action taken, details of the incident, who it was reported to and the manager's action plan to determine what could be done differently in the future to help minimise the risk of

harm to people. The service was small and there were few incidents or accidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the service to confirm their needs could be met by the provider. Initial assessments included people's identified needs and their likes and dislikes.
- Where people were referred by the local authority, we saw additional assessments completed by the local authority.

Staff support: induction, training, skills and experience

- Staff were supported through an induction, training, supervision and team meetings to help ensure they had the appropriate skills to support people.
- The provider maintained a training spreadsheet to identify completed training and when the next training was due. Training the provider had identified as mandatory included safeguarding, autism awareness, positive behaviour support, and infection control.
- Some staff had completed the Care Certificate, which is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff confirmed they received supervision and felt supported by the registered manager, so they felt confident in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain good nutrition and a balanced diet. Care plans included information about people's dietary needs, and what support if any, they required with cooking and food shopping.
- People's food likes and dislikes were recorded. People were involved in planning their meals and met with their key worker weekly to discuss the following week's menu. For example, one person's weekly menu plan noted what snacks they liked and that meat should be halal.

Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were assessed, recorded and met. People were supported to maintain good health and had access to healthcare professionals.
- Files contained records of staff working together with other professionals to achieve positive outcomes for people using the service. For example, in one person's file we saw records kept around one person's behaviour, so this could be feedback to the psychiatrist.

Adapting service, design, decoration to meet people's needs

- People had individual tenancies with access to communal areas including a lounge and kitchen / dining

room. Communal areas were appropriately decorated and well maintained.

Supporting people to live healthier lives, access healthcare services and support

- People had appropriate access to health care, and this was confirmed by the care records we viewed.
- When concerns around people's health were highlighted we saw appropriate referrals were made and actions followed through. For example, a relative told us the GP had made a suggestion around supplements and the provider ensured the person received these.
- Records for one person indicated they did not like having blood tests. The provider supported the person to attend a three week desensitisation programme that enabled them to have blood tests for the first time in many years.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA were being followed and staff had completed MCA training.
- We saw the Court of Protection representative for one person signed forms on the person's behalf appropriately.
- Where required, best interest decisions were undertaken. A social care professional confirmed the provider had invited them to be involved in a specific best interests decision for one person

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff treating people with kindness and respect. The provider had an equality and diversity policy in place and staff received training in this.
- People's religious and cultural needs were assessed during the initial assessment. A relative told us, "... it was important for us as a family that [person] was in a place where their religion and culture is promoted... and we are pleased that this was taken into consideration and has been practiced."
- A staff member told us they put prayers on one person's tablet to listen to and if a member of staff who shares the person's religion was working during prayer time, they said prayers together out loud.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved with planning their care through weekly key working sessions. A staff member told us planning people's activities and meals with them for the following week provided an opportunity to understand people's likes and dislikes. A relative said, "When choosing an activity or work, [person] is consulted on what they would like to do."
- Regarding one person's transition from their home to living in the service, a social care professional told us, "The service clearly understood the individual's needs and were able to find the happy medium between encouraging the individual to engage and allowing them to process the changes happening in their life at their own pace."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence as much as possible. For example, one person's care plan provided guidance for support they required in the kitchen, to enable them to complete some tasks with minimal support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

The provider had a detailed care plan that provided relevant background information, identified people's needs and recorded their wishes. However, the plan was created prior to the person moving to their present accommodation and had not been updated to reflect their current situation. Additionally, there was not an easy read plan to make it more accessible for the person to understand what was written in their care plan.

We found no evidence that people had been harmed. However, the out of date care plan meant the person's needs may not always have been met in line with their preferences or requirements. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded and said they would review and update the care plan to reflect the person's current needs and provide the person with an easy read care plan.

- A relative told us they were involved in planning the person's care and their needs were being met.
- In addition to the care plan, the person had a positive behaviour plan reviewed in June 2020 which identified specific behaviours and provided support strategies to manage these.
- Daily logs were person centred and included people's activities as well as tasks undertaken. There was also a weekly diary that recorded highlights of the week for the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. For example, one person's care plan indicated they used Makaton, a type of sign language, and significant sounds to communicate.
- During the inspection we observed staff and the person using basic Makaton signs to communicate. The person also communicated in another language, in addition to English, and there were staff who were also able to speak the same language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain regular contact with their families and when they were able, visited with their families.
- People were supported to take part in activities of their choice.
- During the pandemic people were no longer able to access community activities such as swimming and day services but there were a range of activities in the service people could join in with. A relative said, "[Person] is supported by staff with various arts and crafts and enjoys cooking, baking, doing worksheets, maths, playing cards, exercising and dance."
- Prior to the pandemic, people had been accessing a pottery course in the community. As people could no longer attend the class, the provider had arranged to collect the clay from the potter and bring it to the home where staff supported people to make things which were then taken back to the potter to be fired.

Improving care quality in response to complaints or concerns

- The provider had not had any complaints but had a complaints policy and procedure so they knew how to respond if they did.
- A relative told us they had not formally complained but when they raised a concern, they "were satisfied with the response from [the registered manager] and her team."

End of life care and support

- The service did not provide end of life care. However, we saw end of life wishes had been discussed with people and their representatives and were recorded in people's care plans. Where required, this was completed in an easy read format.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

The provider had processes to monitor the quality of services. However, these were not always effective as the provider did not have an up to date care plan or risk assessments for one person.

We found no evidence that people had been harmed. However, systems were not robust enough and did not identify that not all records contained up to date information and guidelines to meet people's care needs and help ensure safety and wellbeing. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had already commissioned an external agency to review their policies and procedures and monitoring tools and expected to be updating their monitoring systems shortly and making improvements as required.
- Audits currently in place included medicines and an internal manager's audit which included checks of people's files, health and safety, medicines, risk assessments, staff records and policies and procedures.
- There was also a spot audit once every two months for staff which included observations and comments on the staff member's practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were satisfied with the care provided. One relative said, "Overall we are satisfied as a family that [the registered manager] and her team are doing their utmost to support [person]."
- The registered manager promoted an open culture and was available to people using the service and staff. A staff member told us, "If I have concerns, I can bring them up freely. It's very open. [The registered manager] will listen and investigate."
- Care plans and weekly key working sessions contributed to staff having a clear understanding of people's needs and contributed to guidelines for delivering personalised care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- A staff member said if they raised a concern with the registered manager, they "will come back to me and explain what they have found and this is what we will do going forward."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team understood their roles and had a clear management structure. They had relevant experience and skills to undertake their role.
- They kept up to date with current practice through organisational alerts and attending external meetings including provider and Skills for Care forums.
- There were a range of policies and procedures to help ensure staff were provided with appropriate guidance to meet the needs of people.
- The provider had processes to monitor the quality of services provided and was in the process of improving their monitoring tools.
- The registered manager notified us of significant events. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff had the opportunity to be engaged in how the service was run. Team meetings for the staff were held to share information and gave staff the opportunity to raise any issues. Staff confirmed they attended team meetings.
- The registered manager told us they had sent out surveys to people and families in the past but these were not returned. However, as it was a small service, the provider had regular contact with families and we saw a file with a number of written compliments from both families and people using the service. A relative told us, "Management keep us informed of what is happening with [person]."

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service. One social care professional commented, "[The registered manager] was always quick to respond to my emails. I found her pleasant and well informed about the needs of the individual concerned, she clearly took on board the information shared with her by both professionals and the family."
- Staff told us they worked well together as a team and there was good communication so everyone was kept informed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always ensure the care and treatment of service users met their needs and reflected their preferences.</p> <p>Regulation 9(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that care and treatment was provided in a safe way to service users.</p> <p>Regulation 12(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always have effective arrangements to assess, monitor and improve the quality of services provided.</p> <p>The registered person did not maintain accurate, complete and contemporaneous records in respect of each service user, in the carrying on of the regulated activity or the management of the regulated activity.</p> <p>Regulation 17</p>

